

EMPLOYMENT AND TRAINING ADMINISTRATION ADVISORY SYSTEM U.S. DEPARTMENT OF LABOR Washington, D.C. 20210	CLASSIFICATION SCSEP
	CORRESPONDENCE SYMBOL OWI-DAS
	DATE June 1, 2009

TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 28-08

TO: ALL SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) GRANTEEES

FROM: DOUGLAS F. SMALL 
Deputy Assistant Secretary

SUBJECT: Program Year 2009 Planning Instructions and Allotments for All Senior Community Service Employment Program (SCSEP) Grant Applicants

1. **Purpose.** The purpose of this guidance is to provide all SCSEP grant applicants with application instruction and procedures for Program Year (PY) 2009 funds, with a period of performance beginning July 1, 2009.
2. **References.** The following references may be used for additional information:
 - 2006 Older Americans Act Amendments (OAA), (Pub. L. 109-365; 42 USC 3056 et. seq. 20 CFR part 641);
 - SCSEP Performance Accountability Interim Rule (72 Fed. Reg. 35831; June 29, 2007);
 - "Revised Income Inclusions & Exclusions and Procedures for Determining SCSEP Eligibility," Training and Employment Guidance Letter 12-06;
 - "2009 Federal Poverty Guidelines" Training and Employment Guidance Letter 12-08;
 - Priority of Service for Covered Persons (Final Rule 20 CFR Part 1010, 73 Fed. Reg. 78132; Dec. 19, 2008);
 - SCSEP Performance Data Collection Approval (OMB No. 1205-0040);
 - American Recovery and Reinvestment Act of 2009 (Public Law 111-05);

RESCISSIONS: TEGL 30-07	EXPIRATION DATE: June 30, 2010
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3. **Background.** The 2006 Amendments to the Older Americans Act (OAA) were signed into law on October 17, 2006. A “planning guidance” Training and Employment Guidance Letter (TEGL) is released each year which assists all SCSEP grant applicants in preparing their application for the annual OAA Title V appropriation. Applicants can access Title V of the OAA for a detailed description of the statute (Pub. L. 109-365, 42 USC 3056 et. seq. 20 CFR part 641).

On February 17, 2009, Congress enacted and President Obama signed into law the American Recovery and Reinvestment Act of 2009. It is intended to preserve and create jobs, promote the nation’s economic recovery, and assist those most impacted by the recession. Title VIII of Division A of that Act made available \$120 million to the Department of Labor for use by SCSEP to serve additional unemployed low-income senior citizens. As outlined in TEGL 15-08, the overall intent of Recovery Act funding is to supplement, not supplant, current SCSEP activities.

Thus, states are expected to spend PY 2009 funds concurrently with Recovery Act funding to increase the availability of services quickly and effectively. With this infusion of PY 2009 funding, along with the recent release of Recovery Act funds, states and local areas should consider how their funding decisions and implementation activities can help best achieve the goals of SCSEP.

Additionally, to provide sufficient funds for evaluation, training and assistance and other activities authorized under Section 502(e) for PY 2009, the Department has determined that it must exercise its discretionary authority provided in Section 506(a)(1) of the OAA and reserve a percentage of PY 2009 appropriated SCSEP funds. While the statute provides authority to reserve up to 1.5%, the Department is reserving less than 0.5% to support activities authorized in Section 502(e).

4. **Overall Approach.** For PY 2009, the Department of Labor chose a targeted approach to narrative requirements. It builds on the application and planning documents submitted for Recovery Act funds in accordance with TEGL 15-08. It will require narratives from all applicants only in certain critical subject areas that are universally essential for effective grant operation and that can vary significantly from grantee to grantee (see Attachment B).

The Employment and Training Administration (ETA) has critical policy objectives in some of these areas, and grantees are asked to address these objectives as well. ETA will also require individual narratives from any

applicant that has special requests in one or more of the following areas: 1) a waiver to use up to an additional 10 percent of grant funds for additional training and supportive services; 2) a request for an increase in the amount available for administrative costs from 13.5 to 15 percent; 3) a request to impose a lower durational limit for participants than the statutory 48-month limit; 4) a request to extend the program durational limit from the statutory 27-month limit to 36 months; 5) a request to utilize the on-the-job-experience training option; and 6) any request for cross-state border agreements to permit cross-state border enrollment of eligible participants (see Attachment D).

5. **Grant Application Procedural Requirements.** All SCSEP grant applicants must submit a grant application package in order to receive PY 2009 funding. The Grant Officer will not approve a grant application for funding that fails to provide any of the required information outlined in this guidance. The Department requires the following items in the grant application package:

Program Narrative (Attachment B). A narrative in accordance with the description in Attachment B.

Programmatic Assurances (Attachment C). Grantees must submit signed programmatic assurances that reflect standard grant management requirements.

Optional Special Requests (Attachment D). Additional optional narratives, described in Attachment D, are required from any applicant with special requests in one or more of the following areas:

- Waiver for additional funds for training and supportive services;
- Administration cap limit changes;
- Reduction of Maximum Participant Duration;
- Extension of Maximum Project Duration;
- On-the-job experience (OJE) training option; and/or
- Cross-border agreements.

Budget Forms (Attachment G and Attachment I). A signed SF-424 Form, Application for Federal Assistance and an SF-424A Form with a detailed budget narrative. Instructions for filling out these forms can be found in Attachment F and Attachment H.

Grantees should not include updated manuals and operating procedures in the application submission. SCSEP Federal Project Officers (FPOs) may request these under separate cover. The grant narrative will become the

Scope of Work in the grant agreement; also, the Grant Officer will incorporate the Programmatic Assurances in the grant agreement when the grant is returned to the applicant for signature.

6. **PY 2009 Program Allotments.** See Attachment J for funding levels and authorized positions.
7. **Schedule and Action Requested.** Applicants must comply with the following:
 - Provide the SF-424 and SF-424A Grant Application forms and narrative to the State Office on Aging and the Area Agencies on Aging no later than the date of submission to the Department of Labor/ETA, Division of Adult Services; and
 - Submit the PY 2009 grant application to the United States Department of Labor, Employment and Training Administration, Office of Workforce Investment, Division of Adult Services no later than June 15, 2009. However, applicants are encouraged to submit their applications as soon as possible.
8. **Method of Submission.** Applicants must submit electronic copies of the items listed in Section 5 of this TEGL. The materials should be sent via e-mail to: grants.scsep2009@dol.gov and to their FPO (Attachment K). If a grantee is unable to submit electronically, the grantee must submit hard copy applications via overnight delivery or by fax to 202-693-3817. If mailing, application packages must be mailed to:

Ms. Alexandra Kielty
Division of Adult Services
U.S. Department of Labor
200 Constitution Avenue, N.W.
Room S-4209
Washington, D.C. 20210
9. **Grant Application Intergovernmental Review.** In accordance with Section 502(d) of the OAA as amended in 2006, applicants must share applications on an intrastate basis and provide appropriate Area Agencies on Aging (AAAs) with copies of the SF-424, Application for Federal Assistance, including a summary of the project locations and an explanation of the services that the applicant will provide in each state. In addition, state applicants should follow procedures established by Executive Order 12372, which implements the Single Point of Contact (SPOC) system, unless the state SPOC has waived this requirement.

Applicants should include documentation supporting these requirements with the grant application.

10. Eligibility Review/Responsibility Review/Grant Application Review.

The Department will conduct a grant application review as provided at Sec. 514 of the 2006 OAA Amendments and 20 CFR 641.430-440 of the current regulations. The Department will not issue final approval for PY 2009 funding if grantees:

- Fail to meet the eligibility tests of Section 514(c) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.430 of the current regulations; or
- Fail to meet the responsibility tests of Section 514(d) of the 2006 OAA Amendments and criteria as provided at 20 CFR 641.440 of the current regulations; or
- Fail to submit the materials listed in this TEGL.

11. Inquiries. Questions may be directed to the appropriate FPO.

12. Attachments.

- Attachment A: Table of Contents
- Attachment B: Program Narrative Instructions
- Attachment C: Programmatic Assurances
- Attachment D: Optional Special Requests
- Attachment E: SF-424 Instructions
- Attachment F: SF-424
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- Regional Economic Overview
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- Organizational Structure, Monitoring and Audits

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ATTACHMENT D – OPTIONAL SPECIAL REQUESTS

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- Reduction of Maximum Participant Duration
- Extension of Maximum Project Duration
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ATTACHMENT J – FEDERAL PROJECT OFFICERS (FPO) LIST

PROGRAM NARRATIVE INSTRUCTIONS

Format: The text of the application must be double-spaced with one-inch margins at the top, bottom, right, and left sides. Pages must be numbered with the grantee's name on each page. The Department permits the use of graphs, maps, and tables, but these must be properly labeled. The Department encourages applicants to use brief topic headings for paragraphs in the text. The narrative must not exceed 20 pages in length, excluding any attachments.

Content: All applicants must provide a narrative that covers the following areas:

Changes to Recovery Act Narrative. Applicants must describe changes, if any, they will be making to the areas discussed in the program narrative section of their American Recovery and Reinvestment Act (Recovery Act) grant application (TEGL 15-08). This may include modifications to their plan for engaging participants in community service work in growth industries emphasized in the Recovery Act (including, but not limited to green jobs, healthcare, etc.) ; participant recruitment strategies; host agency recruitment strategies; strategies to ensure that maintenance of effort violations do not occur; internal management of the Recovery Act funding; strategies and protocols used to assign participants to Recovery Act or regular funding; and methods that the applicant will use to ensure the least disruption possible to participants enrolled under the Recovery Act program when the funding expires.

"Green Job" Efforts. Each applicant must include a detailed description of its current or planned efforts around green jobs. Applicants should describe:

- how their current SCSEP participants are already placed in assignments that assist or further enable "greening" efforts;
- how the current unsubsidized employment positions (the traditional jobs SCSEP participants move into) assist or further enable "greening" efforts;
- how they plan to provide training for participants in green jobs growth industries such as energy efficiency and environmental services;
- how they will engage with and recruit "green" host agencies and how their staff will encourage participants to seek "green" host agency assignments. These host agencies may include (but are not limited to): non-profit environmental and clean energy advocacy groups; wildlife protection groups; groups working to recover wildlife habitat; local government recycling and waste management offices; land conservation offices; government offices administering telecommuting and car-pooling programs; tree-planting or preservation programs; and state agricultural extension agencies.

Service to Minorities, Older Americans Act, Title V, Section 515. Each applicant must include a detailed description of its efforts to serve minority individuals. Applicants will receive the analysis of their service to minorities during PY 2007 in April 2009.

Applicants must describe: (a) the minority groups they primarily serve; (b) the specific strategies they have enacted to recruit minority individuals, and which have been most successful; (c) barriers they have encountered or factors that have affected their recruitment of minority participants (d) how the applicant addresses or plans to address these barriers; (e) changes in enrollment levels of minority individuals or outcomes for minority individuals during PY 2008; (f) to what those changes in enrollment and outcomes are attributed. ; and (g) steps that the applicant will take to address any instances of under-service to minorities revealed in the PY 2007 analysis.

Organizational Structure, Monitoring, and Audits.

Describe your organizational structure:

- a) Identify the key staff involved in the grant and briefly identify their primary responsibilities and the amount of time they are assigned to the grant;
- b) Include an organizational chart depicting the key staff that are involved in the grant (can be included as an attachment); and
- c) Indicate if you have sub-recipients or local affiliates implementing the grant. If you do have sub-recipients or local affiliates implementing the grant, include a chart or table indicating who they are, where they are located, the number of authorized positions for which they are responsible, and if they have experience implementing SCSEP.

Provide the dates of your most recent monitoring and audit reports.

Geographic Areas to Be Served. List the cities and counties where you will conduct the grant. Include the number of SCSEP authorized positions that you will establish in each jurisdiction with the PY 09 funds. For those applicants with a project located in a city, but also serving surrounding counties (or other jurisdictions), the authorized positions for the surrounding counties and jurisdictions must be listed as well. This information must be submitted in an Excel spreadsheet as a separate attachment and will also serve to provide information for item 14 on the SF-424.

PROGRAMMATIC ASSURANCES – PY 2009 GRANT

The programmatic assurances below reflect standard grant requirements – i.e., those that we have determined are consistent with sound program practices. These assurances first appeared in TEGL 30-07 (the PY 08 grant application). They were also present in TEGL 15-08 (the Recovery Act grant application) as well, but with some additions and changes. While most assurances found below are the same as those that appeared in these two TEGLs, there are some new assurances that were previously items in the program narrative. This was done primarily to reduce the amount of narrative required for this grant application. The applicant should certify by check mark that its agency or organization conforms to the following assurances and will continue to conform to these assurances throughout the period of the grant.

Participant-Related Assurances

The applicant:

Recruitment and Selection of Participants

- ☐ Has developed and implemented methods for recruiting and selecting participants that assure that the maximum number of eligible individuals have an opportunity to participate in the program.
- ☐ Uses income definitions and income inclusions and exclusions for determining Senior Community Service Employment Program (SCSEP) eligibility, as described in Training and Employment Guidance Letter (TEGL) 12-06, to determine and document participant eligibility. TEGL 12-06 may be accessed on www.doleta.gov/seniors under Technical Assistance.
- ☐ Has developed strategies to recruit applicants who have priority of service as defined at Older Americans Act (OAA) Section 518(b)(1)-(2). Priority is to be afforded to individuals who are 65 years of age, or older or who:
- a) Are veterans or eligible spouses of veterans (in accordance with 20 CFR part 1010);
 - b) Have a disability;
 - c) Have limited English proficiency or low literacy skills;
 - d) Reside in a rural area;
 - e) Have low employment prospects;
 - f) Have failed to find employment after utilizing services provided through the One-Stop Delivery System; or
 - g) Are homeless or are at risk for homelessness.

Assessment

- ☐ Assesses participants at least two times per 12 month period.

- ☐ Uses assessment information to determine the most appropriate community service assignments for participants.

Individual Employment Plan (IEP)

- ☐ Establishes an initial goal of unsubsidized employment for all participants.
- ☐ Updates the IEP at least as frequently as the assessments.

Community Service Assignment (CSA)

- ☐ Ensures that the initial CSEA is based on the assessment done at the time of enrollment.
- ☐ Uses the IEP as the basis for determining when, if appropriate, to rotate participants through assignments within a CSEA or to other CSEAs to acquire the skills necessary to obtain unsubsidized employment.
- ☐ Selects host agencies that are designated 501(c)(3) organizations or public agencies.
- ☐ Has procedures in place for assuring adequate supervision of participants at the host agencies.
- ☐ Has procedures in place to ensure safe and healthy working conditions.

Recertification of Participants

- ☐ Recertifies the income eligibility of each participant at least once every 12 months, or more frequently if circumstances warrant.
- ☐ Has a written policy setting forth actions to be taken to deal with those found to be ineligible (including notification of their right to appeal the finding).

Physical Examinations

- ☐ Offers physicals to participants upon program entry and each year thereafter as a benefit.
- ☐ Obtains a written waiver from each participant who declines to have a physical.

Orientation

Provides orientations for its participants and host agencies, including information on:

Program Overview

- ☐ Project goals and objectives
- ☐ Community service employment assignments
- ☐ Training opportunities
- ☐ Available supportive services
- ☐ The availability of a free physical examination
- ☐ Participant rights and responsibilities

- ☐ Host agencies
- ☐ Sub-recipients provide sufficient orientation, which may include the following information:
 - Grantee and local project roles, policies, and procedures
 - SCSEP goals and objectives
 - Role of supervisors
 - Evaluation of participant progress
 - Provision of safe working environment
 - Annual monitoring and safety assessment
 - Documentation requirements
 - Termination policies
 - Grievance procedures

Participant Benefits

- ☐ Provides benefits that are required by State or Federal law (such as workers' compensation or unemployment insurance), and the costs of physical examinations.
- ☐ Has established written policies relating to compensation for scheduled work hours during which an applicant's or sub-recipient's business is closed for Federal holidays.
- ☐ Has established written policies relating to necessary sick leave that is not part of an accumulated sick leave program.
- ☐ Does not use grant funds to pay the cost of pension benefits, annual leave, accumulated sick leave, or bonuses.

Durational Limits

Maximum Project Duration: 27 Months

- ☐ Complies with an aggregate participant duration cap of 27 months, unless a waiver is approved.

Maximum Participant Duration: 48 Months

- ☐ Complies with the requirement that participants may participate in the program no longer than 48 months in the aggregate (whether or not consecutive) unless the participant receives a waiver of this requirement.
- ☐ Notifies participants of its policy pertaining to the maximum duration requirement at the time of enrollment.
- ☐ Allows participants a 48-month maximum lifetime participation in SCSEP unless it has applied for a waiver to establish a lesser maximum duration of program participation.

- ☐ Notifies participants if they are enrolled under the American Recovery and Reinvestment Act of 2009 and, if so, what their right to continued enrollment is.

Termination Procedures

- ☐ Provides a reason for termination and informs participants of grievance policies. An IEP termination policy must be approved by DOL prior to implementation.

Written Termination Policies Are in Effect for:

- ☐ Provision of false information (immediate).
- ☐ Incorrect initial eligibility determination (30 days written notice).
- ☐ Income ineligibility determined at recertification (30 days written notice).
- ☐ Cause (immediate or corrective action, depending on infraction).
- ☐ If applicable and there are no extenuating circumstances that would hinder the participant from moving to unsubsidized employment, refusal, and without good cause, to accept a reasonable number of job offers or referrals to unsubsidized employment consistent with the IEP.

Equitable Distribution

- ☐ Manages slot allotments within equitable distribution guidelines, to the extent feasible, so that potential participants have equal access for program participation.

Over-Enrollment

- ☐ Manages over-enrollment to minimize impact on participants and avoid layoffs.

Administrative Systems

- ☐ Communicates grant policy, data collection, and performance developments and directives to staff and sub-recipients and/or local project operators.
- ☐ Has developed a written monitoring tool and procedures for its SCSEP grant that lists items to be reviewed during monitoring visits, and provided this tool to sub-recipients and/or local project operators.
- ☐ Has developed a monitoring schedule; notified sub-grantees and/or local project operators of its monitoring plans; and monitors sub-grantees and/or local project operators on a regular basis.
- ☐ Provides training to increase sub-recipients' and/or local project operators' skills, knowledge, and abilities.
- ☐ Prescribes corrective action and follow-up procedures for sub-recipients and/or local project operators to ensure that identified problems have been remedied, when appropriate.

- ☐ Monitors the financial systems and expenditures of sub-recipients and/or local project operators on a regular basis.
- ☐ Ensures that sub-recipients and/or local project operators receive adequate resources to effectively operate local projects.
- ☐ Has trained sub-recipients and/or local project operators on SCSEP financial requirements to help them effectively manage their own expenditures, and provides more general financial training as needed.
- ☐ Ensures that all financial reports are accurate and are submitted in a timely manner, as required.
- ☐ Has a written plan in place for both disaster response and recovery so the SCSEP may continue to operate and provide services to the participants and community.

Collaboration and Leveraged Resources

- ☐ Collaborates with other organizations to maximize opportunities for SCSEP participants to obtain workforce development, education, and supportive services to help them move into unsubsidized employment. These organizations may include (but are not limited to): Workforce Investment Boards, One-Stop Career Centers, vocational rehabilitation providers, basic education and literacy providers, and community colleges.

Supportive Services

- ☐ Provides supportive services, as needed, to help participants participate in their community service assignment and to obtain and retain an unsubsidized job.
- ☐ Has established criteria to determine when participants will get supportive services, including after obtaining unsubsidized employment.

Sub-Recipient Selection (If Applicable)

- ☐ In areas where a substantial population of individuals with barriers to employment exists, a national grantee, in selecting sub-recipients, gives special consideration to organizations (including former recipients of such national grants) with demonstrated expertise in serving individuals with barriers to employment, as defined in the statute.

Complaint Resolution

- ☐ Establishes and uses written grievance procedures for complaint resolution for applicants, employees and participants.
- ☐ Provides applicants, employees and participants with a copy of such procedures.

Maintenance of Effort

- ☐ Does not reduce the number of employment opportunities or vacancies that would otherwise be available to individuals not participating in the program.
- ☐ Does not displace currently employed workers (including partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits).
- ☐ Does not impair existing contracts or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed.
- ☐ Does not assign or continue to assign any eligible individual to perform the same work or substantially the same work as that performed by any other individual who is on layoff.

Procedures for Payroll and Payment of Workers' Compensation

- ☐ Makes all required payments for payroll and workers' compensation premiums on a timely basis.
- ☐ Ensures that host agencies do not pay workers' compensation costs for participants.

Maintenance of Files and Privacy Information

- ☐ Maintains participant files for three (3) program years after the program year in which all follow-up activity for a participant has been completed.
- ☐ Participant records are securely stored and access is limited to appropriate staff to safeguard personal identifying information.
- ☐ Participant medical records are securely stored separate from all other participant records and access is limited to authorized staff for authorized purposes
- ☐ Safeguards to preclude tampering with electronic media are established (e.g., Personal Identification Numbers (also known as "PINs")) for recordkeeping.
- ☐ Ensures that the SCSEP National Program Office at the Department of Labor is immediately notified in the event of any potential security breach of personal identifying information, whether electronic/paper files and/or equipment is involved.
- ☐ Complies with, and ensures that authorized users under its grant comply with, all SCSEP Performance and Results Quarterly Progress Report System (SPARQ) access and security rules.

Documentation

- ☐ Maintains documentation of waivers of physical examinations by participant.
- ☐ Maintains documentation of the provision of complaint procedures to participants.

- ☐ Maintains documentation of eligibility determinations and re-determinations.
- ☐ Maintains documentations of terminations and the reasons for such terminations.
- ☐ Maintains records of grievances and outcomes.
- ☐ Maintains records required for Data Validation.

Data Collection and Reporting

- ☐ Ensures that accurate data are submitted timely to SPARQ, as required.
- ☐ Ensures that those capturing and recoding data are familiar with the latest instructions for data collection, including Department administrative issuances, such as Older Worker Bulletins, TEGs, the Data Collection Handbook and Internet postings.
- ☐ Legally obligates sub-recipients to turn over complete data files in the specified electronic format, as well as hard copy case files, to the grantee at the time that the sub-recipient ceases to administer SCSEP.
- ☐ Legally obligates any new sub-recipients to enter complete data related to any participants whom they acquire upon becoming sub-recipients.
- ☐ Non-Web Data Collection System users ensure that accurate data are uploaded to SPARQ in accordance with Department timelines and administrative guidance.

If the applicant has not checked a specific box(es) herein, information must be provided on a separate attachment indicating what specific steps it will take to conform with this standard grant requirement(s).

Signature of Authorized Representative: _____

OPTIONAL SPECIAL REQUESTS

Any applicant that has special requests in one or more of the following areas must submit such requests and any supporting documentation as a separate attachment(s) to their PY 2009 application. Requests for approval should provide a substantive rationale, e.g., improved program management, better service to participants, the least disruption possible to participants.

(1) **Additional Funds for Participant Training and Supportive Services, Older Americans Act Sec. 502(c)(6)(C).** Any applicant that wishes to request such additional funds must provide the specific information listed in this section. In addition, any applicant that requests these additional funds for participant training and supportive services should not submit a separate budget narrative for these activities. Instead, its application's detailed budget narrative should identify the specific training and supportive service activities that it intends to provide to participants if its request is accepted. Costs associated with this request should also be included in their SF 424 and 424A.

The 2006 Amendments permit an exception to the 75 percent minimum level of expenditures on participant wages and fringe benefits that allows grantees to request to use not less than 65 percent of program funds for wages, benefits, and other costs, so that up to an additional 10 percent of funds are available for training and supportive services for the direct benefit of participants. As required in Section 502(C)(6)(C)(IV), applicants interested in seeking this waiver must provide a work plan that includes the following:

- (a) A detailed description of the additional training and supportive services;
- (b) An explanation of how activities will directly benefit participants, improve project effectiveness, and improve employment outcomes for individuals served;
- (c) A sequence and timeline for these activities;
- (d) If applicable, an explanation concerning whether any displacement of eligible individuals or elimination of positions for such individuals will occur, and information on the number of such individuals to be displaced and of such positions to be eliminated; and
- (e) The performance measures that are expected to be improved by expenditure of additional funds and the amounts by which each measure is expected to improve.

(2) **Increase in Administrative Cost Limitations, 20 CFR 641.870.** The Department of Labor may authorize an increase in the amount available for administrative costs to not

more than 15 percent if it determines that it is necessary to carry out the project, and the applicant demonstrates that:

- (a) It is incurring major administrative cost increases in necessary program components; or
- (b) The number of employment positions in the project or the number of eligible minority individuals participating in the project will decline if the amount available for paying the cost of administration is not increased; or
- (c) The size of the project is so small that the amount of administrative expenses incurred to carry out the project necessarily exceeds 13.5 percent of the amount for such project.

General statements that costs have increased do not constitute adequate justification. The applicant must identify which costs have increased, why they have increased, and how these costs relate to program operations.

(3) **Reduction of Maximum Participant Duration, OAA Sec. 518 (a)(3)(B)(i).** The maximum length of time an individual participant can be enrolled in the SCSEP in the aggregate is 48 months (regardless of whether this participant is enrolled consecutively or not). If an applicant wishes to impose a maximum duration of *less than* 48 months for its program participants, it must request permission to do so from the Department in a separate attachment. Any such durational limit must be uniformly applied to all participants served by all of the applicant's local projects. Because of the current economic recession and Recovery Act funding received by grantees, requests for this waiver will be highly scrutinized, thus a justification for the request of this waiver must be sound.

(4) **Extension of Maximum Project Duration, OAA Sec. 502 (b)(1)(C)(ii).** The maximum average project duration based on overall participation is 27 months. If an applicant wishes to increase its maximum average project duration from 27 months to 36 months, it must request permission to do so from the Department in a separate attachment. Because of the current economic recession, grantees should avoid terminating participants who remain in need of SCSEP assistance solely because of aggregate time-limits. If the grantee determines that it can better serve the needs of such participants through an extended project period, we expect that we will be inclined to respond favorably to an extension request.

(5) **On-the-Job Experience (OJE).** If an applicant wants to utilize OJE as an additional training option, it must meet the requirements delineated in Older Worker Bulletin 04-04. The Department must approve the OJE policy and sample contracts before the grantee may exercise this option.

(6) **Cross-Border Agreements, 20 CFR 641.500(b)**. State applicants may enter into agreements to permit cross-border enrollment of eligible participants. Such agreements must cover both state and national grantee slots and must be submitted for approval by the Department.

SF-424 INSTRUCTIONS

The applicant must prepare the proposed application using Standard Form (SF) 424 (Attachment G or available in Adobe Acrobat format at <http://www.doleta.gov/sga/forms.cfm>).

The following instructions are intended to clarify the process of completing the SF-424 grant application for the SCSEP program. The current authorizing legislation and regulations should be reviewed as well as OWB No. 00-20, Allocation of Indirect Costs; OMB Circulars A-87 (Cost Principles for State, Local and Indian Tribal Governments) and A-122 (Cost Principles for Non-Profit Organizations). Sufficient funding for administrative costs must go to the local levels of program operation.

CLARIFYING INSTRUCTIONS FOR STANDARD FORM 424

If additional space is needed to complete an item, insert an asterisk and use an extra sheet of paper. For the most part, this form is self-explanatory. Grantees must complete all required items, which are identified with asterisks, as well as those items that are not required but are noted below.

Item 1. For type of submission, check "Application."

Item 2. For type of application, check "New."

Item 10. For name of federal agency, list "U.S. Department of Labor, Employment and Training Administration."

Item 12. This item does not need to be filled in because this is not a competitive grant.

Item 14. This item must be completed, however, it contains similar information to that requested in the Program Narrative (Attachment B), "Geographic Areas Served." Grantees should indicate in this box to "see attached excel spreadsheet" and then answer this item by thoroughly addressing the section of Attachment B titled "Geographic Areas Served."

Item 18. The Federal funding for Program Year 2009 for all applicants is listed in Attachment J.

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify) _____
3. Date Received: _____ 4. Applicant Identifier: _____		
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
*a. Legal Name: _____		
*b. Employer/Taxpayer Identification Number (EIN/TIN): _____		*c. Organizational DUNS: _____
d. Address:		
*Street 1: _____ Street 2: _____ *City: _____ County: _____ *State: _____ Province: _____ *Country: _____ *Zip / Postal Code _____		
e. Organizational Unit:		
Department Name: _____		Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____ *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____		
Title: _____		
Organizational Affiliation: _____		
*Telephone Number: _____		Fax Number: _____
*Email: _____		

Application for Federal Assistance SF-424

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***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: _____

*b. Program/Project: _____

17. Proposed Project:

*a. Start Date: _____

*b. End Date: _____

18. Estimated Funding (\$):

*a. Federal _____

*b. Applicant _____

*c. State _____

*d. Local _____

*e. Other _____

*f. Program Income _____

*g. TOTAL _____

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☐ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Title: _____

*Telephone Number: _____

Fax Number: _____

* Email: _____

*Signature of Authorized Representative: _____

*Date Signed: _____

Application for Federal Assistance SF-424

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***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify): 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency if any, or applicant's control number, if applicable.	13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter the Employer or Taxpayer identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division if applicable) that will undertake the 	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable. f. Name and contact information of person to be contacted on matters involving this application. Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.		
			20. Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.		
2.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions. <table border="0" data-bbox="138 441 820 1003"> <tr> <td data-bbox="138 441 487 1003"> A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority </td> <td data-bbox="487 441 820 1003"> M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify) </td> </tr> </table>		A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)	21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)
A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)				

SF-424A INSTRUCTIONS--DEVELOPING A BUDGET

*ETA's Regions 2 and 6 have developed a helpful budget tool which was emailed to all grantees in 2008, and which is being transmitted again by email with this PY 2009 planning TEGL. Grantees are strongly encouraged to utilize this tool in developing their budget narratives. These instructions will assist you in completing the Budget Tool and the worksheets within. References to the 424A and the 424A Budget Tool are made at the beginning of each section in **bold italics**.*

A. Determining Budget Requirements

The budget is one of the most important pieces of the grant proposal. A complete and well-developed budget eventually becomes an effective management tool; a budget that doesn't truly represent a project's needs and situation will make it difficult for managers to assess financial performance over the life of the project and may result in a grantee experiencing cost overruns. The budget also provides ETA with information that is useful in assessing whether the activities and services described in the Statement of Work are consistent with the estimated costs in the budget.

B. Understanding Key Budgeting Terms and Principles

Before launching into a description of the required budget elements, it is vital to explain some key fiscal terminology and principles that may affect the development of the grant budget.

- **Administrative Costs:**

- **Definition:** The definition of administrative costs used for SCSEP grants is unique to the programs funded by the U.S. Department of Labor (DOL), Employment and Training Administration (ETA). ETA's definition of administrative costs is found in the Code of Federal Regulations at 20 CFR 641.853-861. ETA uses a function-based definition of administration, which means costs associated with certain functions, such as accounting, procurement, financial management, payroll etc. are considered administrative costs. Program costs are those related to the direct provision of employment and training services to participants and employers. An individual, such as a program director, can incur both program and administrative costs depending on the function which is being performed.
- **Limitation:** An entity that receives a SCSEP grant to carry out a project or program may not use more than 13.5% of the total amount awarded for the grant to pay administrative costs associated with the project or program. In limited cases, the Grant Officer may approve a 15% administrative cost level, but the grantee will need to request a higher

level in writing in its grant submission and provide information to document the need for the higher cost level. See Section 502(c)(3) of the Older Americans Act (OAA) of 2006 for guidance. Typically, only the grantee organization incurs administrative costs. A sub-grantee under the grant would incur administrative costs only if a sub-grant is for the sole purpose of carrying out an administrative function. The administrative limit applies to the total award amount and includes both direct administrative costs and indirect administrative costs. Not all indirect costs are administrative costs under the ETA definition. The portion of indirect costs that are administrative, plus any direct administrative costs, cannot exceed the 13.5% cost limitation. Note: The indirect cost line item on the Federal Budget Information Form is different from the administrative cost limit.

- **Program Costs:** Program costs are those related to the direct provision of employment and training services to participants and employers. An individual, such as a program director, can incur both program and administrative costs depending on the function which is being performed. For instance, when a program director is meeting with project partners to discuss how services will be designed and provided to participants, the salary associated with that time is a program cost. However, when a project director spends time developing a budget for a contractual agreement with a project partner, the salary associated with that time is an administrative cost because budgeting is an administrative function.
- **Direct Costs:** Direct costs are those that can be specifically identified with a particular final cost objective.
- **Indirect Costs:** Indirect costs are those that are incurred for common or joint objectives that benefits more than one project. They may originate in your own unit or in units or departments of your organization that supply goods, services, or facilities to the earmark grant. Most often, the term “indirect costs” is used to indicate costs that are incurred to support the overall operation of the organization. Indirect costs may be both administrative and programmatic. The following website provides valuable information on applying for an indirect cost rate from the DOL, Division of Cost Determination:
<http://www.dol.gov/oasam/programs/boc/costdeterminationguide/main.htm#toc>.
- **Cost Allocation Plan:** This document identifies, accumulates, and distributes allowable direct and indirect costs and identifies the allocation methods used for distribution of these costs across projects.

C. Process for Developing a Budget

Constructing a project budget takes time and involves coordinating with project staff and partners. When developing the project budget, it is highly recommended that grantees review the activities and tasks listed in their statement of work. Reviewing the statement of work will help grantees assess the following elements:

- Who will do the work on the project and how long their services will be required based on the proposed tasks (e.g., grant staff, partner staff, contractors);
- What types of resources are needed to support each task (e.g., rent, utilities, computers, telephone service, copiers, office supplies, etc.); and
- Whether partners are willing to donate cash, items, or services needed to complete the project either through matching funds or through in-kind contributions.

The Budget Narrative worksheets in the SF-424A are designed to assist grantees in meeting the requirements for a detailed cost analysis and may be helpful to use when developing your budget projections. It may also be useful to have staff involved in delivering services participate in preparing the budget assumptions since they have direct, first-hand experience with providing the service or activity. Also, grantees should be aware that a number of factors might affect the budget projections. Some examples of factors affecting budget estimates include:

- Staff on the project may be eligible for salary increases or raises during the life of the project;
- The rising costs of health insurance and worker disability insurance may affect the fringe benefit rates; and
- Transportation costs may be affected by rising gasoline prices.

Grantees should try to anticipate factors that may affect the budget when developing their projections and be prepared to provide a narrative explanation of these factors in the Budget section of the grant proposal. Once grantees have developed a list of needed resources it is time to organize the listed items into the cost categories required by ETA.

D. How to Complete the Budget Section of the SCSEP Application

The Budget part of the SCSEP application consists of two sections: A – Budget Information Form, and B – Budget Category Excel Worksheets and Budget Narrative.

Section A. Budget Information Form - Lines 1 through 5, Columns (a) through (g)
(Note: Column F is pre-set to calculate the 10 percent non-Federal amount. You may clear the column or change the formula if you are entering more than 10 percent)

A budget tool has been developed which should assist grantees in submitting their SF-424A and detailed budget narrative (see attached). The SF-424A can be found at <http://www.doleta.gov/sga/forms/form424a.pdf>. The budget form has six sections. A - Budget Summary; B - Budget Categories; C - Non-Federal Resources; D - Forecasted Cash Needs; E - Budget Estimates of Federal Funds Needed for Balance of the Project; and F - Other Budget Information. Sections A and B of the SF 424A are populated automatically as the budget category Excel worksheets, addressed below, are completed. The following information should be entered on the first row of section A: *column (a) - SCSEP; column (b) - 17.235*. Information in columns (e) and (g) will be input automatically after the "Amount Awarded" field in the top left corner of "Personnel" worksheet is filled in. Please note that ETA does not require sections E and D be completed.

Grantees anticipated expenses are listed in the object class categories in **Section B - Budget Categories**. It should be noted that for purposes of this budget, costs associated with participant wages and fringe benefits should be categorized the following ways:

When a participant has a community service employment assignment at the grantee's facilities and is considered an employee of the grantee, then participant wage costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits".

When a participant has a community service employment assignment at a host agency or sub-recipient's facilities, but is considered an employee of the grantee, then participant wages costs should be listed in "Personnel" and fringe benefits in "Fringe Benefits".

When a participant has a community service employment assignment at a host agency or sub-recipient's facilities, and is considered an employee of the host agency or sub-recipient, then participant wage and fringe benefit costs should be listed under "Contractual".

- **Personnel:** This refers to wages/salaries paid to employees of the grantee organization who are directly involved in grant implementation. This line item does not include personnel hired by the sub-grantee; those costs are included in the "Contractual" line item.
- **Fringe Benefits:** The cost of benefits paid to the personnel on the grant, including the cost of employer's share of FICA, health insurance, workers' compensation, vacation and supplies. Shipping and delivery are a normal part of the cost of supplies and should be included in the budgeted amount.
- **Contractual:** The cost of any contract or sub-grant agreement. Contractual costs could include sub- and sick leave, holidays, or unemployment insurance. The budget worksheet for this category should contain descriptive information about

what specific fringe benefits are being charged to the grant, including the fringe benefit percentage.

- **Travel:** Refers to travel costs of personnel that are reasonable and necessary to effectively manage and carry out grant activities, provide oversight or measure program effectiveness. Air travel, when necessary, should be obtained at the lowest possible customary standard (coach or equivalent fare). Travel costs may be charged on an actual basis or on a per-diem or mileage basis in lieu of actual costs. This line item does not include travel expenses of the sub-grantee; those costs are included in the "Contractual" line item.
- **Equipment:** Refers to non-expendable personal property that has a useful life of more than 1 year and a per-unit cost of \$5,000 or more. The only type of equipment that may be acquired with Federal funds is equipment necessary for the operation of the grant. In the instance of a purchase, the cost of the equipment is to be prorated over the projected life of the equipment to determine the cost to the grant. Use of grant funds to purchase equipment with a unit cost of \$5,000 or more requires special review and approval from the Grant Officer prior to purchase. Shipping, delivery, and installation if necessary are a normal part of the cost of equipment and should be included in the budgeted amount.
- **Supplies:** All consumable materials costing less than \$5,000 per unit; other goods such as copy paper, pens and pencils, computers; any materials needed to conduct training, agreements for evaluating the grant, providing training, etc. The total costs of all sub-grant contracts are reflected in this line item.
- **Other:** Direct costs that do not fit any of the aforementioned categories, such as rent for buildings used to conduct grant activities, utilities and/or leased equipment, child care, transportation expenses, tuition for training, etc. are reflected in the "Other" line item.
- **Total Direct Cost:** This is the total of lines 1 through 7. The SF-424A will automatically sum up the direct costs after the worksheets for each category are completed.
- **Indirect Cost:** If the grantee has an approved indirect cost rate and wishes to apply it to this grant, then a copy of the indirect cost agreement, signed by the issuing Federal agency must be included as an attachment to the grant proposal.
- **TOTALS:** This category is populated automatically and represents the total amount of lines 6(i) and 6(j), equaling to the total amount of funds authorized for the project.

Section B. Budget Category Excel Worksheets and Budget Narrative - *This section is directly linked to the colorful, labeled tab in the worksheets. When you complete the spreadsheet behind each tab, the total will appear in the appropriate line or column in this section.*

Budget Category Excel Worksheets: The SF 424A Section B requires grantees to classify expenses in the following object class categories: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Construction (not used for SCSEP grants), Other, and Indirect Costs. The attached suggested budget tool contains an individual worksheet for each of these object class categories. Complete the Budget Category Worksheets for each object class category. Each worksheet identifies in detail the costs attributable to each object class category in Section B, lines 6(a) – 6(j) of the SF 424A. The worksheet cells contain instructions and drop down menus to aid in their completion. Data from the completed budget worksheets will automatically populate Sections A and B the SF-424A. Grantees should distinguish those costs associated with Federal funding and those costs associated with non-Federal funding (perhaps **bolding** Federal costs)

Budget Narrative: At the bottom of each worksheet is a text block to enter a budget narrative. The budget narrative explains or justifies the amounts entered for each Object Class Category on SF-424A and the supporting worksheets. A brief explanation should be provided which explains how the costs associated with each object class category relate to the implementation of the statement of work and the achievement of grant goals. Grantees should try to anticipate factors that may affect the budget when developing their projections and provide a narrative explanation of these factors. In this section, grantees also include a narrative explanation describing the percent of the award amount that will be spent on administrative costs, including a description of administrative services being charged to the grant. The narrative ties the grant budget to the proposal's Statement of Work

The following section provides directions for completing the budget category worksheets as well as examples of completed worksheets and budget narrative statements.

Personnel Worksheet

This is the first worksheet in the SF-424A MS Excel workbook. Grantees should start by typing in the Name of Grantee Organization, Amount Awarded, and Funding Period (From-To). The funding period of performance cannot begin prior to February 17, 2009 (for Recovery Act) or July 1, 2009 (for program year funds). The worksheet will not calculate the values if this initial information is not provided. Here and on the other worksheets data can be entered in the cells colored in light green.

The following information to support the staffing plan for the project should be provided in the Personnel table:

- **Position:** Enter the title for each staff position. These titles should match the information provided in the technical proposal. If the grantee has more than one

employee in the same position, at the same salary level and employed for the same period of time, each employee should be entered on a separate line.

- **% of Time:** List the percent of time each staff person will devote to the project. For example, if a staff person were full-time but only spending 75% of their time on the project, he or she would be .75 FTE (full-time equivalent).
- **Monthly Salary/Wage:** Enter the average monthly salary, not the average full-time salary. Since pay periods vary from organization to organization, the average would be the annual total salary divided by 12 months. If an employee is expected to receive a salary increase during the grant period, figure the average monthly salary for the entire year based on the sum of the two salary figures for the number of months the employee will receive each salary.
- **# of Months:** Enter the projected number of months the position will be filled during the grant period.
- **Cost:** The total cost equals (% of Time) x (Monthly Salary/Wage) x (# of Months).

The Best Workforce Development Program, Inc.

07/01/08 to 06/30/09

\$ 500,000

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A Position	B % of Time	C Monthly Salary/Wage	D # of Months	E Cost
1. Executive Director	20.00%	\$ 3,600	12.00	\$8,640
2. Project Director	100.00%	2,200	12.00	\$26,400
3. Administrative Assistant	50.00%	1,200	12.00	\$7,200
4. Job Developer	100.00%	2,000	12.00	\$24,000
5. Case Worker	100.00%	1,600	10.00	\$16,000
6. Case Worker	100.00%	800	10.00	\$8,000
7. Outreach Specialist/Recruiter	40.00%	1,400	12.00	\$6,720
TOTAL PERSONNEL				\$96,960

The total amount for Staff Salaries is projected to be \$96,960. The Project anticipates the need for seven staff persons, four of whom - Project Director, Job Developer and two Case Workers, will work full-time on the project. The Administrative Assistant will dedicate 50% of his/her time to the project and the Outreach Specialist/Recruiter will spend 40% of his/her time. Executive Director of the project will spend 20% of his/her time on the project activities.

Fringe Benefits Worksheet

In this worksheet grantees should provide a detailed listing of the benefits provided to employees as well as the fringe benefit percentage.

- **Position/s:** Using the drop down menu, select the position title. The drop down menu will reflect the positions listed in the Personnel worksheet.
- **Benefit/s:** Using the drop down menu, select the type of benefits that will be provided. If multiple benefits are included in the base amount, list each of them in a separate row.
- **Rate:** Enter the fringe benefit rate used to calculate benefits for each source. If the list of fringe benefits is itemized, list the source for each item.
- **Base Amount:** Enter the Gross Salary used against the rate for the salary/s you are calculating.
- **Cost:** The total cost is **(Rate) x (Base Amount)**

A	B	C	D	E
Position/s	Benefit/s	Rate	Base Amount	Cost
1. Executive Director	Disability (Long-Term)	1.20%	\$ 8,640	\$ 104
2. Project Director	Full Package	34.00%	26,400	8,976
3. Administrative Assistant	Full Package	34.00%	7,200	2,448
4. Job Developer	Full Package	34.00%	24,000	8,160
5. Case Worker	Full Package	34.00%	16,000	5,440
6. Case Worker	Full Package	34.00%	8,000	2,720
7. Outreach Specialist/ Recruiter	Full Package	34.00%	6,720	2,285
TOTAL FRINGE BENEFITS				\$ 30,133

The fringe benefit rate for 6 employees of this project is 34% of staff salaries or \$30,133 and accounts for the full package of benefits that consists of (a) medical, dental and vision coverage; (b) short- and long-term disability insurance; (c) holiday and sick leave pay; (d) life insurance; and (e) FICA and Unemployment Insurance. Fringe benefit rate for the Executive Director position is 1.20% and includes the Long-Term Disability Insurance only.

Travel Worksheet

Travel includes mileage, plane fare, meals and incidentals, lodging, and any other cost associated with travel for the grant including parking and taxi or shuttle service to and from the site. Travel costs may be charged on an actual basis or on a per-diem or mileage basis in lieu of actual costs.

Grantees should provide a narrative describing the purpose of the travel and the assumptions used to generate the travel amounts. Each type of travel cost (e.g. mileage, per diem, etc.) should be entered on separate lines.

- **Item:** Enter a brief description of the travel item to be charged to the grant. Remember, travel for contracted employees is entered under "Contractual" category.
- **# of Staff:** Enter the number of staff who will charge this type of travel.
- **# of Units:** Enter the number of units estimated to be charged to the grant per traveler (staff) for the year.
- **Unit Type:** From the drop-down menu, choose the unit type to be used for the calculation.
- **Cost per Unit:** Enter the cost of the travel item per traveler. If calculating based on mileage, enter the cost per mile.
- **Cost:** The total cost is $(\# \text{ of Staff}) \times (\# \text{ of Units}) \times (\text{Cost per Unit})$

A Item	B # of Staff	C # of Units	D Unit Type	E Cost per Unit	F Cost
1. Mileage - Project Director	1	8,000	Miles	\$ 0.42	\$ 3,360
2. Mileage - Job Developer	1	12,000	Miles	0.42	5,040
3. Mileage - Case Manager (Full-Time)	2	10,000	Miles	0.42	8,400
4. Mileage - Outreach Specialist	1	5,000	Miles	0.42	2,100
5. Per Diem - Project Director	1	40	Day/s	35.00	1,400
6. Per Diem - Job Developer	1	40	Day/s	35.00	1,400
7. Per Diem - Case Manager (Full-Time)	2	40	Day/s	35.00	2,800
8. Per Diem - Outreach Specialist	1	20	Day/s	35.00	700
9. Lodging for Training/Conferences	4	3	Day/s	100.00	1,200
10. Per Diem for Training/Conferences	4	4	Day/s	35.00	560
11. Plane Tickets for Conferences	4	1	Trip/s	350.00	1,400
12. Miscellaneous Travel	5	10	Month/s	50.00	2,500
TOTAL TRAVEL					\$ 30,860

Mileage costs for the Project Director, Job Developer, two Case Managers, and Outreach Specialist, are to conduct recruitment and provide outreach throughout the District. Mileage is calculated at 42 cents per mile with an estimated total mileage of 45,000 miles over two years. Per Diem rates for the staff is calculated at \$35 per day based on the organizational travel policies; the staff will travel to local community colleges, community-based organizations, and high schools to present the program to other populations. Lodging, per diem, and transportation ticket costs for Training/Conferences is reserved for the DOL Earmark training session. Miscellaneous Travel funds are for transit transportation costs for staff's local travel. Total cost of travel is \$30,860.

Equipment Worksheet

Equipment is defined at both 29 CFR 97.3 and 95.2 as tangible, non-expendable personal property having a useful life of more than one year and an acquisition cost which equals or exceeds the lesser of (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000 per unit cost. If the cost of equipment was not charged directly to the grant or sub-grant at the time of acquisition, then the equipment does not fall under the property management requirements of Section 95.34. Items that cost less than \$5,000 per unit should be entered under the Supplies worksheet, unless the item is part of a larger system. For example, if the item is part of the organization's Information Technology (IT) system it would be considered equipment regardless of the unit cost of the item (see the example below). Shipping, delivery, and installation (when necessary) are a normal part of the cost of equipment and should be included in the budgeted amount.

Grantees wishing to obtain approval for the purchase of equipment at the time of proposal submission should state their intentions in the Budget Narrative section of the worksheet and provide the following information: an explanation of how this equipment will be used to further the grant's objectives, a justification for the need for the equipment, the basis for valuation of the equipment, and a description of the equipment to be purchased. If the equipment is approved, the grant officer will so state in the letter transmitting the grant award to the grantee. Otherwise, the grantee must make a subsequent request in writing to the Grant Officer at a later date for approval to purchase equipment.

For audit purposes, grantees should maintain equipment records that include the following data on equipment: description; identification number; funding source; title holder; acquisition date; percentage of Federal participation in the cost; location, condition and last inventory date; acquisition cost; and ultimate disposition date, including date of disposal and sale price or current fair market value, including method used to determine the value. This information is not required in developing the Grant Proposal, but should be readily available for monitoring purposes by Federal staff and/or auditors.

A Item	B # of Items	C Cost per Item	D Cost
1. Die Cutting Machine	1	5,500	\$ 5,500
2. LAN Equipment	1	6,500	6,500
3. LAN Monitoring & Administration Software	1	1,000	1,000
TOTAL EQUIPMENT			\$ 13,000

Die cutting machine will be used by the program participants to provide the hands-on experience on die-cutting and embellishing. The project will be purchasing one machine at \$5,500. This is an average price for the industrial die cutting machines available on the market today. The project will also purchase LAN switches and routers, as well as LAN cables so that staff on the project can connect their computers to the company network. The total price of LAN Equipment to be purchased is \$6,500. LAN monitoring and administration software will be used to maintain the security of the company network. The software will be purchased at \$1,000. Prices for LAN equipment and software are estimated based on the average prices of LAN equipment and software on the market.

Supplies Worksheet

Supplies refers to all consumable materials, items costing less than \$5,000 per unit, and other goods such as copy paper, pens and pencils, materials needed to conduct training, computers, printers, etc. Supply purchases are charged to the grant at their actual prices after deducting all cash discounts, trade discounts, rebates, or allowances. Shipping and delivery are a normal part of the cost of supplies.

Supplies should be lumped under larger categorical headings and detailed information on computations justifying the respective amounts should be provided. The basis for all estimates should be indicated in the chart or as a separate narrative.

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
Office Supplies	13	Month/s	\$ 100	\$ 1,300
Books for Die Cutting Class	100	Item/s	40	4,000
Protective Eye Wear	100	Item/s	12	1,200
Computer and Printer	4	Item/s	1,000	4,000
Miscellaneous	1	Item/s	175	175
Postage	12	Month/s	100	1,200
TOTAL SUPPLIES				\$ 11,875

Office supplies (\$1,300) include file folders, paper, pens, and other basic supplies. The budgeted amounts listed on the SF-424A worksheets are based on an assessment of per unit costs for similar projects from last program year (January 1, 2007 to January 1, 2008). Three computers and one printer (\$4,000) will be installed in the classroom and are not a part of the organization's IT system. Books for Die Cutting Class are required for the training sessions. One book per participant will be purchased for the project. Protective eye wear is required for each participant. Based on past similar training programs, we anticipate \$175 in additional training related miscellaneous supply costs will be incurred. Postage costs will be incurred for mailing of the outreach and recruitment materials.

Contractual Worksheet

The cost of any contract or sub-grant agreement between the grantee and another organization (i.e., vendor) should be included on the worksheet. Contractual costs could include sub-agreements for evaluating the grant, providing training, maintenance contracts, other service contracts, etc. The budget description should provide the name of the vendor if known, an explanation of the services to be provided under the contract or sub-agreement and the contracted amount. In most instances, the name of the vendor will not be known since the grantee will not enter into a procurement action until after the grant is awarded.

The term "procurement" is used to identify the process of acquiring goods and services from sources outside of the grantee organization. Federal regulations require that all procurements provide for full and open competition to the maximum whenever practicable and possible. Non-competitive procurements can only be used in very limited circumstances and should be viewed as a "last resort."

In some limited instances, a partner may be identified in the grant application prior to the grant award. To qualify as a partner, the partner organization needs to have been part of the proposal development, has to have brought some resources into the program, and needs to be an integral part of the project's scope of work. The involvement of the partner organization in these activities needs to be adequately documented in the procurement record. The procurement record for a partner, as well as service provider procured after grant award, must provide the procurement history, the basis for the contractor selection, and if applicable, justification for lack of competition, as well as the basis for the award cost or price.

A Brief Description	B Cost
Contract for Die Cutting Training ABC, Corp.	\$ 100,000
Contract for mentors	30,000
TOTAL CONTRACTUAL	\$ 130,000

The ABC Corporation will develop a customized training curriculum for high-technology manufacturing using instrumentation available at the organization. This is in addition to the die cutting machine being purchased with grant funds. ABC is the only entity in the grantee area which has this highly sophisticated equipment available, is a partner in the proposal development, is providing use of the equipment and training facility at no cost to the grant, and is integral to the overall goal of the grant. The total contract amount for ABC Corporation is \$100,000. We will also hold a free and open competition to procure an entity to provide mentoring services to our at-risk participants. Based on past experience, we are budgeting \$30,000 for this contract.

Other Costs Worksheet

Enter items that do not fit under any of the other cost categories, such as rent, utilities, equipment that is rented and/or leased supportive services (e.g., child care, transportation subsidies, etc.), and training/tuition costs. Note: Equipment cannot be leased if the cost of leasing or renting the equipment exceeds the cost of purchasing the equipment over the life of the grant. Copies of lease or rental agreements should be kept on file and available for review by Federal staff and/or auditors. A description of the activity or product should be provided as well as the unit cost for the service.

A Item	B # of Units	C Unit Type	D Cost per Unit	E Cost
Die Tool Class Tuition	100	Item/s	\$ 1,500	\$ 150,000
Rent of Classroom for Work Safety Course	45	Day/s	100	4,500
Work Safety Course for 50 attendees	2	Item/s	500	1,000
TOTAL FRINGE BENEFITS				\$ 155,500

These costs include Die Tool class tuition (\$1,500) for each participant, rent of Classroom for the Work Safety Course for approximately 50 attendees that fail the safety test.

Indirect Costs Worksheet

Indirect costs are costs that are incurred for common or joint objectives that benefits more than one project. They may originate in your own unit or in units or departments of your organization that supply goods, services, or facilities to the SCSEP grant. Most often, the term "indirect costs" is used to indicate costs that are incurred to support the overall operation of the organization. Indirect costs may be both administrative and programmatic.

If the grantee operates with a single funding source then an indirect cost rate is not needed. However, if the grantee has multiple funding sources - especially Federal

funding sources – that support the operations and activities of the organization, then an indirect cost rate is needed.

An indirect costs rate is necessary for the equitable distribution of cost to all benefiting activities. It provides for the systematic allocation of indirect cost to cost objectives in reasonable proportion with the benefits received. These costs are not readily assignable to specific awards and activities because a direct relationship to cost objectives (e.g., grants, contracts, fundraising, services to members, etc.) cannot be shown or would be somewhat arbitrary in nature.

If the grantee has an approved indirect cost rate, a copy of the indirect cost agreement, signed by the issuing Federal agency must be included as an attachment to the grant proposal. For organizations with no prior approved indirect cost rate, and the grantee is intending to budget for and charge indirect costs to the grant, then an indirect cost rate proposal must be developed and submitted to the DOL, Office of Cost Determination (OCD) no later than 3 months after the effective date of the DOL agreement.

Object Class Category (i.): INDIRECT CHARGES

OPTION A

For grantees that have an approved Indirect Cost Rate Agreement

Federal agency that issued the agreement	HHS
What is the approved rate (%)?	15%
What is the base against which rate is applied? (Note: enter description as specified in the agreement)	Total direct costs excluding equipment expenditures and that portion of each sub award in excess of \$25,000
What is the base amount (\$)?	\$ 452,457
Enter the rate (%) that will be used for this grant	9.00%
Enter the amount (\$) that will be used for this grant	\$ 40,721

OPTION B

For grantees that DO NOT have an approved Indirect Cost Rate Agreement

Enter fixed amount (\$) that will be used	
(Note: This will be only temporary until your Indirect Cost Rate Application is submitted and approved)	

TOTAL INDIRECT CHARGES	40,721
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Budget Narrative: Indirect Charges

We have a currently approved indirect cost rate agreement from HHS for 15% covering the period January 1, 2007 to December 31, 2009. The indirect cost base is total direct costs excluding equipment expenditures and that portion of each sub award in excess of \$25,000. We are only charging a 9% IDCRC to the grant in order to stay within the 10% administrative cost limitation. We will charge the balance of the indirect costs to a non-Federal source.

Administrative Costs Worksheet

The administrative cost worksheet only contains a text block to enter the budget narrative. In this section, grantees should describe the percentage and total amount of the estimated headquarters and local administrative costs that will be charged to grant.

Budget Narrative: Administrative Costs

Administrative costs charged to this project will include salaries and fringe benefits of the Executive Director (\$8,744), the Administrative Assistant (\$9,648), a portion of the postage and office supplies (\$650) and a portion of the cost of the LAN equipment (\$3,500), totaling \$22,542 and constituting 4.5% of the total grant award amount of \$500,000.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	0.00
b. Fringe Benefits					0.00
c. Travel					0.00
d. Equipment					0.00
e. Supplies					0.00
f. Contractual					0.00
g. Construction					0.00
h. Other					0.00
i. Total Direct Charges (sum of 6a-6h)	0.00		0.00	0.00	0.00
j. Indirect Charges					0.00
k. TOTALS (sum of 6i and 6j)	\$	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

7. Program Income	\$	\$	\$	\$	0.00
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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES						
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS		
8.	\$	\$	\$	\$	0.00	0.00
9.					0.00	0.00
10.					0.00	0.00
11.					0.00	0.00
12. TOTAL (sum of lines 8-11)	\$	0.00 \$	0.00 \$	0.00 \$	0.00	0.00
SECTION D - FORECASTED CASH NEEDS						
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
	\$	\$	\$	\$	\$	\$
13. Federal	0.00 \$		\$		\$	
14. Non-Federal	0.00					
15. TOTAL (sum of lines 13 and 14)	\$ 0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
(a) Grant Program	FUTURE FUNDING PERIODS (Years)					
	(b) First	(c) Second	(d) Third	(e) Fourth		
16.	\$	\$	\$	\$	\$	
17.						
18.						
19.						
20. TOTAL (sum of lines 16-19)	\$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00
SECTION F - OTHER BUDGET INFORMATION						
21. Direct Charges:		22. Indirect Charges:				
23. Remarks:						

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11 Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19 - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

USDOL/ETA

**Senior Community Service Employment Program
PY 2009 Authorized Positions and Funding*
for State Agencies and Territories, by State**

States	Positions	Dollars
State Agencies		
Alabama	218	\$2,104,838
Alaska	252	2,429,373
Arizona	157	1,511,404
Arkansas	214	2,067,748
California	1,011	9,745,306
Colorado	119	1,149,779
Connecticut	129	1,242,503
Delaware	252	2,429,373
District of Col	68	658,341
Florida	695	6,703,956
Georgia	262	2,522,096
Hawaii	252	2,429,373
Idaho	63	604,836
Illinois	459	4,422,942
Indiana	309	2,976,445
Iowa	151	1,455,769
Kansas	120	1,159,051
Kentucky	224	2,160,473
Louisiana	199	1,919,390
Maine	73	704,704
Maryland	163	1,567,038
Massachusetts	257	2,475,735
Michigan	393	3,792,418
Minnesota	280	2,698,272
Mississippi	146	1,409,407
Missouri	291	2,809,542
Montana	74	713,976
Nebraska	90	871,607
Nevada	63	604,836
New Hampshire	63	604,836
New Jersey	333	3,208,256
New Mexico	66	639,797
New York	779	7,510,656
North Carolina	309	2,976,445
North Dakota	71	686,158
Ohio	514	4,960,741
Oklahoma	189	1,826,666
Oregon	173	1,669,035
Pennsylvania	631	6,082,704
Puerto Rico	162	1,557,765
Rhode Island	63	611,980
South Carolina	161	1,548,493
South Dakota	82	788,155
Tennessee	240	2,318,104
Texas	654	6,305,242
Utah	79	760,338
Vermont	65	630,524
Virginia	256	2,466,462
Washington	174	1,678,307
West Virginia	133	1,279,593
Wisconsin	302	2,911,538
Wyoming	63	604,836
State Agencies Total	12,546	\$120,967,162
Territories		
American Samoa	133	1,286,831
Guam	133	1,286,831
Northern Marianas	44	428,945
Virgin Islands	133	1,286,831
Territories Total	443	\$4,289,438

* Based on cost per position of \$9,642, with enacted minimum wage increase effective 7/24/09

Senior Community Service Employment Program

PY 2009 Authorized Positions* for Non-Minority National Sponsors, by State

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	0	0	0	252	0	0	0	0	0	0	0	0	602	0	0	854
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	154	0	163	0	0	133	0	0	0	0	0	0	0	0	0	450
Arkansas	236	0	0	0	451	0	0	152	0	0	0	0	0	0	0	839
California	471	0	526	0	407	0	0	0	301	0	0	1,313	494	0	0	3,512
Colorado	181	0	0	0	0	0	0	0	0	0	0	285	0	0	0	466
Connecticut	0	0	0	240	0	0	0	0	0	0	0	0	0	266	0	506
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	81	0	0	0	0	184	0	0	0	0	0	0	0	265
Florida	1,685	0	0	0	657	0	0	193	0	0	0	184	0	0	0	2,719
Georgia	262	0	0	0	579	0	0	0	180	0	0	0	0	0	0	1,021
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	222	0	0	0	0	0	0	0	0	0	0	222
Illinois	111	0	0	226	509	0	0	122	0	0	0	221	516	0	0	1,705
Indiana	301	0	0	0	360	266	0	0	0	0	0	0	279	0	0	1,206
Iowa	199	0	0	0	270	0	0	0	0	0	0	0	121	0	0	590
Kansas	0	0	0	0	0	0	0	0	0	0	0	454	0	0	0	454
Kentucky	130	0	0	0	440	0	0	0	303	0	0	0	0	0	0	873
Louisiana	162	0	205	0	246	0	0	0	92	0	0	0	0	0	0	705
Maine	0	284	0	0	0	0	0	0	0	0	0	0	0	0	0	284
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	633	0	0	633
Massachusetts	0	254	0	0	0	0	0	0	0	192	0	0	497	0	0	943
Michigan	468	0	0	0	500	0	0	254	0	244	0	0	0	0	0	1,466
Minnesota	0	0	0	0	493	0	0	131	0	0	199	0	379	0	0	1,071
Mississippi	0	0	0	0	170	0	0	0	0	0	0	0	267	0	0	568
Missouri	339	0	0	0	769	0	0	0	0	0	0	0	0	0	0	1,108
Montana	0	0	0	0	287	0	0	0	0	0	0	0	0	0	0	287
Nebraska	0	0	0	0	341	0	0	0	0	0	0	0	0	0	0	341
Nevada	226	0	0	0	0	0	0	0	0	0	0	0	0	0	0	226
New Hampshire	0	222	0	0	0	0	0	0	0	0	0	0	0	0	0	222
New Jersey	0	0	0	445	234	0	0	0	455	169	0	0	0	0	0	1,303
New Mexico	0	0	0	0	0	222	0	0	0	0	0	0	0	0	0	222
New York	646	0	0	494	516	0	0	0	429	249	0	0	638	0	0	2,962
North Carolina	0	0	0	0	0	0	0	342	208	0	0	0	655	0	0	1,205
North Dakota	0	0	0	0	276	0	0	0	0	0	0	0	0	0	0	276
Ohio	336	0	0	0	478	0	678	184	0	177	0	0	156	0	0	2,009
Oklahoma	221	0	0	0	333	0	0	0	0	0	0	0	0	0	0	554
Oregon	0	0	0	229	449	0	0	0	0	0	0	0	0	0	0	678
Pennsylvania	475	0	147	0	266	269	0	228	647	152	0	0	231	0	0	2,415
Puerto Rico	238	0	0	0	395	0	0	0	0	0	0	0	0	0	0	633
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	245	0	0	0	245
South Carolina	262	0	0	0	366	0	0	0	0	0	0	0	0	0	0	628
South Dakota	0	0	0	0	286	0	0	0	0	0	0	0	0	0	0	286
Tennessee	0	0	0	0	0	0	0	0	197	0	0	0	745	0	0	942
Texas	1,272	0	0	0	552	0	0	0	0	0	0	384	270	0	0	2,478
Utah	0	0	0	307	0	0	0	0	0	0	0	0	0	0	0	307
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	252
Virginia	316	0	0	0	113	289	0	0	255	0	0	0	0	0	0	973
Washington	337	0	0	0	0	261	0	0	0	0	0	0	0	0	0	598
West Virginia	0	0	0	0	126	0	0	0	392	0	0	0	0	0	0	518
Wisconsin	0	0	0	0	464	0	0	0	0	0	0	328	352	0	0	1,144
Wyoming	0	0	0	0	222	0	0	0	0	0	0	0	0	0	0	222
Total	9,028	760	1,122	2,183	11,777	1,440	678	1,790	3,459	1,183	199	3,414	6,835	266	252	44,386

* Based on cost per position of \$9,642, with enacted minimum wage increase effective 7/24/09

**Senior Community Service Employment Program
P.Y. 2009 Authorized Funding* for Non-Minority National Sponsors, by State**

State	AARP	ABLE	ANPPM	ES	EW	GII	Mature	NCBA	NCOA	NULI	QCSI	SER	SSAI	TWI	VATD	Total
Alabama	\$0	\$0	\$0	\$2,429,554	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,803,955	\$0	\$0	\$8,233,489
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	1,483,493	0	1,570,190	0	0	1,281,198	0	0	0	0	0	0	0	0	0	4,334,881
Arkansas	2,276,810	0	0	0	4,351,023	0	0	1,466,420	0	0	0	0	0	0	0	8,094,253
California	4,541,314	0	5,071,616	0	3,924,235	0	0	0	2,902,198	0	0	12,659,755	4,763,076	0	0	33,862,194
Colorado	1,745,011	0	0	0	0	0	0	0	0	0	0	2,747,670	0	0	0	4,492,681
Connecticut	0	0	0	2,315,831	0	0	0	0	0	0	0	0	0	2,566,712	0	4,882,543
Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
District of Col	0	0	780,247	0	0	0	0	1,772,413	0	0	0	0	0	0	0	2,552,660
Florida	16,244,848	0	0	0	6,334,045	0	0	1,860,686	0	0	0	1,773,918	0	0	0	26,213,497
Georgia	2,527,267	0	0	0	5,585,068	0	0	0	1,736,291	0	0	0	0	0	0	9,848,626
Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Illinois	1,070,231	0	0	0	2,139,877	0	0	0	0	0	0	0	0	0	0	2,139,877
Indiana	2,902,890	0	0	2,179,028	4,907,634	0	0	1,176,290	0	0	0	2,130,820	4,975,127	0	0	16,439,130
Iowa	1,919,207	0	0	0	3,471,895	2,565,344	0	0	0	0	0	0	2,690,718	0	0	11,630,847
Kansas	0	0	0	0	2,603,949	0	0	0	0	0	0	0	1,166,955	0	0	5,690,111
Kentucky	1,253,709	0	0	0	0	0	0	0	0	0	0	4,381,293	0	0	0	4,381,293
Louisiana	1,561,339	0	1,975,769	0	4,243,322	0	0	2,922,106	0	0	0	0	0	0	0	8,419,137
Maine	0	2,738,308	0	0	0	0	0	886,686	0	0	0	0	0	0	0	6,794,717
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	2,450,239	0	0	0	0	0	0	0	1,852,149	0	0	0	0	0	2,738,308
Michigan	4,513,070	0	0	0	4,821,656	0	0	0	0	0	0	0	6,107,819	0	0	6,107,819
Minnesota	0	0	0	0	4,751,410	0	0	0	0	0	0	0	0	0	0	9,096,752
Mississippi	0	0	0	0	1,639,128	0	0	1,263,093	0	0	1,917,912	0	3,652,707	0	0	14,137,095
Missouri	3,268,854	0	0	0	7,415,188	0	0	0	0	0	0	0	2,574,395	0	0	10,322,029
Montana	0	0	0	0	2,766,155	0	0	0	0	0	0	0	0	0	0	5,476,616
Nebraska	0	0	0	0	3,285,969	0	0	0	0	0	0	0	0	0	0	10,684,042
Nevada	2,181,364	0	0	0	0	0	0	0	0	0	0	0	0	2,181,364	0	2,766,155
New Hampshire	0	2,139,877	0	0	0	0	0	0	0	0	0	0	0	0	0	3,285,969
New Jersey	0	0	0	4,289,174	2,255,431	0	0	0	4,385,560	1,628,922	0	0	0	0	0	2,139,877
New Mexico	0	0	0	0	0	2,139,877	0	0	0	0	0	0	0	0	0	0
New York	6,229,242	0	0	4,667,110	4,975,680	0	0	0	4,136,757	2,401,055	0	0	6,152,100	0	0	2,139,877
North Carolina	0	0	0	0	0	0	0	3,298,403	2,006,046	0	0	0	6,317,116	0	0	28,561,944
North Dakota	0	0	0	0	2,664,049	0	0	0	0	0	0	0	0	0	0	11,621,565
Ohio	3,239,978	0	0	0	4,609,254	0	6,537,813	1,774,274	0	1,706,774	0	0	0	0	0	2,664,049
Oklahoma	2,129,171	0	0	0	3,208,209	0	0	0	0	0	0	0	1,504,275	0	0	19,372,368
Oregon	0	0	0	2,207,185	4,327,624	0	0	0	0	0	0	0	0	0	0	5,337,380
Pennsylvania	4,580,759	0	1,417,624	0	2,565,225	2,594,156	0	2,198,764	6,239,475	1,465,843	0	0	2,227,695	0	0	6,534,809
Puerto Rico	2,296,463	0	0	0	3,811,356	0	0	0	0	0	0	0	0	0	0	23,289,541
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	2,357,729	0	0	0	6,107,819
South Carolina	2,524,931	0	0	0	3,527,194	0	0	0	0	0	0	0	0	0	0	6,052,125
South Dakota	0	0	0	0	2,756,873	0	0	0	0	0	0	0	0	0	0	2,756,873
Tennessee	0	0	0	0	0	0	0	0	1,898,517	0	0	0	0	0	0	2,756,873
Texas	12,264,635	0	0	0	5,322,389	0	0	0	0	0	0	7,179,670	2,603,342	0	0	9,078,187
Utah	0	0	2,961,086	0	0	0	0	0	0	0	0	3,702,531	0	0	0	23,892,897
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2,961,086
Virginia	3,047,794	0	0	0	1,089,876	2,787,382	0	0	2,459,454	0	0	0	0	2,431,989	0	2,431,989
Washington	3,248,483	0	0	0	2,515,887	0	0	0	0	0	0	0	0	0	0	9,384,506
West Virginia	0	0	0	0	1,214,740	0	0	0	0	0	0	0	0	0	0	5,764,370
Wisconsin	0	0	0	0	4,472,689	0	0	0	3,779,191	0	0	0	0	0	0	4,993,931
Wyoming	0	0	0	0	2,139,877	0	0	0	0	0	0	3,161,728	3,393,074	0	0	11,027,491
Total	87,050,863	7,328,424	10,815,446	21,048,968	113,551,943	13,883,844	6,537,813	17,259,744	33,352,281	11,407,711	1,917,912	32,915,444	65,906,368	2,566,712	2,431,989	427,975,462

* Based on cost per position of \$9,642, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2009 Authorized Positions* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	0	0	0	0
Alaska	0	0	0	0
Arizona	0	0	173	173
Arkansas	72	0	0	72
California	0	345	87	432
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	87	0	87
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	95	0	0	95
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	61	0	61
Michigan	0	0	0	0
Minnesota	0	0	27	27
Mississippi	34	0	0	34
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	62	62
New York	0	82	0	82
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	182	182
Oregon	0	0	0	0
Pennsylvania	0	77	0	77
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	41	41
Tennessee	0	0	0	0
Texas	0	79	0	79
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	81	0	81
West Virginia	0	0	0	0
Wisconsin	0	0	37	37
Wyoming	0	0	0	0
Total	201	812	609	1,622

* Based on cost per position of \$9,642, with enacted minimum wage increase effective 7/24/09

U. S. Department of Labor / Employment & Training Administration
Senior Community Service Employment Program
PY 2009 Authorized Funding* for Minority National Sponsors, by State

State	IID	NAPCA	NICOA	Total
Alabama	\$0	\$0	\$0	\$0
Alaska	0	0	0	0
Arizona	0	0	1,668,451	1,668,451
Arkansas	694,384	0	0	694,384
California	0	3,327,259	839,048	4,166,307
Colorado	0	0	0	0
Connecticut	0	0	0	0
Delaware	0	0	0	0
District of Col	0	0	0	0
Florida	0	0	0	0
Georgia	0	0	0	0
Hawaii	0	0	0	0
Idaho	0	0	0	0
Illinois	0	839,048	0	839,048
Indiana	0	0	0	0
Iowa	0	0	0	0
Kansas	0	0	0	0
Kentucky	0	0	0	0
Louisiana	916,202	0	0	916,202
Maine	0	0	0	0
Maryland	0	0	0	0
Massachusetts	0	588,298	0	588,298
Michigan	0	0	0	0
Minnesota	0	0	260,394	260,394
Mississippi	327,904	0	0	327,904
Missouri	0	0	0	0
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	0	0	0	0
New Mexico	0	0	597,942	597,942
New York	0	790,827	0	790,827
North Carolina	0	0	0	0
North Dakota	0	0	0	0
Ohio	0	0	0	0
Oklahoma	0	0	1,755,250	1,755,250
Oregon	0	0	0	0
Pennsylvania	0	742,606	0	742,606
Puerto Rico	0	0	0	0
Rhode Island	0	0	0	0
South Carolina	0	0	0	0
South Dakota	0	0	0	0
Tennessee	0	0	395,413	395,413
Texas	0	761,894	0	761,894
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	781,182	0	781,182
West Virginia	0	0	0	0
Wisconsin	0	0	356,836	356,836
Wyoming	0	0	0	0
Total	1,938,490	7,831,114	5,873,334	15,642,938

* Based on cost per position of \$9,642, with enacted minimum wage increase effective 7/24/09

FEDERAL PROJECT OFFICER (FPO) LIST FOR SCSEP GRANTEES

Grantee	Region	FPO Name	Phone	E-Mail
Alabama	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Alaska	VI	Carol Padovan	(415) 625-7946	padovan.carol@dol.gov
Arizona	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Arkansas	IV	Kajuana Donahue	(972) 850-4613	donahue.kajuana@dol.gov
California	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Colorado	IV	Bill Martin	(972) 850-4635	martin.bill@dol.gov
Connecticut	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Delaware	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
District of Columbia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Florida	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Georgia	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Hawaii	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Idaho	VI	Ingrid Nyberg	(415) 625-7947	nyberg.ingrid@dol.gov
Illinois	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Indiana	V	Celeste Moerle	(312) 596-5422	moerle.celeste@dol.gov
Iowa	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Kansas	V	Phillip Moreland	(312) 596-5421	moreland.philip@dol.gov
Kentucky	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Louisiana	IV	Marilyn Brandenburg	(972) 850-4617	brandenburg.marilyn@dol.gov
Maine	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Maryland	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Massachusetts	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Michigan	V	Marium Baker	(312) 596-5526	baker.marium@dol.gov
Minnesota	V	James Sawers	(312) 596-5512	sawers.james@dol.gov
Mississippi	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Missouri	V	Phillip Moreland	(312) 596-5421	moreland.philip@dol.gov
Montana	IV	Jesus Morales	(972) 850-4616	morales.jesus@dol.gov
Nebraska	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Nevada	VI	Ingrid Nyberg	(415) 625-7947	nyberg.ingrid@dol.gov
New Hampshire	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
New Jersey	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
New Mexico	IV	Roseana Smith	(972) 850-4615	smith.roseana@dol.gov
New York	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
North Carolina	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
North Dakota	IV	Doug Harris	(214) 767-2154	harris.douglas@dol.gov
Ohio	V	Alice Mitchell	(312) 596-5413	mittchell.alice@dol.gov
Oklahoma	IV	Felicia Blair	(972) 850-4643	blair.felicia@dol.gov
Oregon	VI	Ingrid Nyberg	(415) 625-7947	nyberg.ingrid@dol.gov
Pennsylvania	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Puerto Rico	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Rhode Island	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
South Carolina	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
South Dakota	IV	Bernie Cutter	(972) 850-4618	cutter.bernarda@dol.gov
Tennessee	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Texas	IV	Rebecca Sarmiento	(972) 850-4621	sarmiento.rebecca@dol.gov
Utah	IV	Cynthia Green	(972) 850-4619	green.cynthia@dol.gov
Vermont	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Virginia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov

Washington	VI	Carol Padovan	(415) 625-7946	padovan.carol@dol.gov
West Virginia	II	Barbara Shelly	(215) 861-5541	shelly.barbara@dol.gov
Wisconsin	V	Celeste Moerle	(312) 596-5422	moerle.celeste@dol.gov
Wyoming	IV	Felicia Blair	(972) 850-4643	blair.felesia@dol.gov
American Samoa	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Guam	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Northern Mariana Islands	VI	John Jacobs	(415) 625-7940	jacobs.john@dol.gov
Virgin Islands	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
AARP Foundation	II	Elaine Allen	(215) 861-5293	allen.elaine@dol.gov
Asociacion Nacional Pro Personas Mayores	VI	Sandra Waterhouse	(415) 625-7959	waterhouse.sandra@dol.gov
Easter Seals, Inc.	V	Lori Harris	(312) 596-5496	harris.ori@dol.gov
Experience Works, Inc.	III	Charlotte Norton	(404) 302-5340	norton.charlotte@dol.gov
Goodwill Industries International, Inc.	II	Chantal Watler	(215) 861-5293	watler.chantal@dol.gov
Institute for Indian Development, Inc.	IV	Cynthia Joseph	(972) 850-4645	joseph.cynthia@dol.gov
Mature Services, Inc.	V	Lori Harris	(312) 596-5496	harris.ori@dol.gov
National Able Network	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
National Asian Pacific Center on Aging	VI	Karen Connor	(415) 625-7962	connor.karen@dol.gov
National Caucus and Center on Black Aged, Inc.	II	Chantal Watler	(215) 861-5293	watler.chantal@dol.gov
National Council on the Aging, Inc.	II	Elaine Allen	(215) 861-5293	allen.elaine@dol.gov
National Indian Council on Aging	IV	Brie Burleson	(972) 850-4652	burleson.brie@dol.gov
National Urban League	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
Quality Career Services, Inc.	V	Lori Harris	(312) 596-5496	harris.ori@dol.gov
Senior Service America, Inc.	II	Chantal Watler	(215) 861-5293	watler.chantal@dol.gov
SER - Jobs for Progress National, Inc.	IV	Patricia Evans	(972) 850-4644	evans.patricia@dol.gov
Vermont Associates for Training and Development, Inc.	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov
The Workplace, Inc.	I	Keeva Davis	(617) 788-0141	davis.keeva@dol.gov